



Educating for Excellence

Special Leave Request Form

Family Name _____ Given names _____

Student ID _____ Date of Birth _____ Phone _____

Address _____ Email _____

PART A: CURRENT COURSE DETAILS

- | | |
|--|---|
| General English | Certificate III in Business Administration |
| English for Academic Purposes | Certificate IV in Business Administration |
| Certificate III in Accounts Administration | Diploma of Leadership and Management |
| Certificate IV in Accounting and Bookkeeping | Advanced Diploma of Leadership and Management |
| Diploma of Accounting | Diploma of Interpreting |
| Advanced Diploma of Accounting | Advanced Diploma of Translating |
| Start Date ____/____/____ | Finish Date ____/____/____ |

PART B: REQUEST

I would like to apply for (please tick the appropriate below)

Leave for _____ weeks starting from ____/____/____ to ____/____/____

Briefly describe the reasons: _____

Supporting documents provided _____

Declaration: I declare that I have read and understood the terms and conditions of the Special Leave Request on the Terms and Conditions of Enrollment, and I declare that to the best of my knowledge all the information supplied on, and with, this special leave request form is true and complete. I have read and acknowledged that regular holidays are scheduled for students throughout the year by the College. Requests for special leave outside the set holidays will only be approved under compassionate and compelling circumstances. Special leave request must be submitted together with supporting documents. Fees continue to be payable while on leave. I also agree to abide by the terms and conditions of enrollment and agree to extend my course at any additional expense to cover all classes and assessments missed.

Student's Signature _____ Date ____/____/____

OFFICE USE ONLY:

Received by _____ (Staff Name) Date ____/____/____

Outcome: Approved Approved with conditions Refused

Comment: _____

Signature of Director of Studies _____ Date ____/____/____